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Article

Corelation Between Husband's Support With Maternal Self-Efficacy in Pekanbaru

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ABSTRACT

The importance of breastfeeding for the health of mothers and children has been accepted by people all over the world. Based on data from the Pekanbaru City Health Office (2016), the coverage of exclusive breastfeeding in Pekanbaru was 50.70%, below the national target of 80% and in the Umban Sari Health Center was only 39.22%. Some studies stated that self-efficacy and husband's engagement during the breastfeeding process support the successful of breastfeeding. The purpose of this study is to determine the correlation between husband's support and maternal self-efficacy in breastfeeding. This is a non-experimental research with correlational type. The study was conducted at the Umban Sari Health Center in January to September 2019. The data was collected by using primary data by self-reported questionnaire, processed by editing, coding, entry, cleaning processing, and then analyzed by regression correlation test. The results showed that there is a strong correlation between emotional ($r = 0.63$), informational ($r = 0.56$), appraisal ($r = 0.53$) support with maternal self-efficacy in breastfeeding, but moderate correlation for instrumental support ($r = 0.47$). By these results, it is suggested that the breastfeeding class program in the prenatal by involving husband needs to be held.

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I. INTRODUCTION

The importance of breastfeeding for the health of mothers and children has been accepted by people all over the world. The percentage of breastfeeding until the age of 6 months in the world was still 41%, while the target to be achieved by 2030 is 70% (WHO, 2018). Based on data from the Pekanbaru City Health Services (2016) the coverage of exclusive breastfeeding in Pekanbaru is 50.70% below the national target of 80%, and in the Umban Sari Health Center was only 39.22%. Some studies stated that self-efficacy is a key factor for the successful of breastfeeding. The engagement of husband physically and mentally support the successful of breastfeeding.

Many factors affect the lactation process. Psychological variables such as intention during pregnancy to breastfeed baby after labor, hopes and interests for breastfeeding, confidence in breastfeeding ability are closely related to breastfeeding and its continuity. Positive beliefs, desires and attitudes increase the endurance of breastfeeding (Kronborg, 2004; Thulier, 2009). Other psychological factors associated with lactation and exclusive breastfeeding are postpartum depression, mood disorders, anxiety, self-efficacy and closeness to newborns (de jager et.al, 2013).

Brenner (2011) stated support influences beliefs in breastfeeding. Mother's confidence is obtained through social support from family especially husband's support. The role of the husband also determined exclusive breastfeed successfully.

According to dissertation of Februhartanty (2008), the proportion of active involvement of husbands decreased dramatically in the postpartum period, from 84% in antenatal care (ANC), 81.7% in intranatal care (INC) and 56% in postnatal care (PNC). The results of Meedy's study (2010) found that mothers' desire, ability to breastfeed and social support were significant to the successful of breastfeeding

Considering the importance of husband's support, this study aims to determine the correlation between husband's support and maternal breastfeeding efficacy.

II. METHODS

This research is a non-experimental research with correlational type. The study was conducted at the Umban Sari Health Center in January to September 2019. The population were all husbands and nursing mothers who have 6-12 months baby in the Umban Sari Health Center, used Proportionate Stratified Random Sampling technique, with the sample of 140. The data was collected by using primary data by self-reported questionnaire, processed by editing, coding, entry, cleaning processing, and then analyzed by regression correlation test.

III. RESULT

Table 1 shows the data of the average Husband Support Score and Breastfeeding Efficacy In Umban Sari Health Centre Pekanbaru. It can be seen from table 1 that instrumental support is the highest support provided by the husband, which is 29.93 ± 4.83 . The lowest support is in informational support that is 21.43 ± 4.40 . The mother's self-efficacy score in breastfeeding is 48.35 ± 10.99 .

The Analysis of correlation and Regression of Husband's Support with maternal self-efficacy in Umban Sari Health Centre Pekanbaru is shown in Table 2.

Table 1. Average Husband Support Score and Breastfeeding Efficacy In Umban Sari Health Centre Pekanbaru

Variable	n	Mean	SD	Min-Max
Emotional support		26.07	4.30	16-35
Informational support		21.43	4.40	15-31
Instrumental support	140	29.93	4.83	21-40
Appraisal support		27.44	4.45	18-35
Maternal Self-Efficacy		48.35	10.99	29-66

Table 2. Analysis of Correlation and Regression of Husband's Support with Maternal Self-Efficacy in Umban Sari Health Centre Pekanbaru

Variable	R	R square	Line Equation	P value
Emotional Support	0.63	0.397	$y = 6.4 + 1.6x$	0.005
Informational Support	0.56	0.31	$y = 18.4 + 1.4x$	0.005
Instrumental Support	0.47	0.22	$y = 16.4 + 1.1x$	0.005
Appraisal Support	0.53	0.28	$y = 12.4 + 1.3x$	0.005

Table 2 expresses that the correlation between emotional, informational, appraisal support and maternal self-efficacy are strong. While the instrumental support correlation has a moderate correlation with the mother's self-efficacy in breastfeeding. Pearson correlation test was used to determine the correlation between husband's support and self-efficacy in nursing mothers. The correlation between emotional supports and maternal self-efficacy is presented in Fig 1. From the graph can be implemented that the strong correlation ($r=0.63$) between emotional support with maternal self-efficacy in breastfeeding is found, with the linear regression equation of $Y = 6.4 + 1.6X$.

Fig 2 shows correlation between informational support and maternal self-efficacy. It can be analyzed from the graph in the figure that informational support from husband has strong positive correlation with maternal self-efficacy. The greater husband's informational supports would raise up the confident of maternal to give breastfeeding to baby. It is also can be explained from the positive value of gradient in the linear regression equation of $Y = 18.4 + 1.4X$.

Fig 3 presents the correlation between instrumental support and maternal self-efficacy. It can be seen from data distribution in the figure that instrumental support from husband has moderate correlation with maternal self-efficacy. It is also can be analyzed from the positive sufficient value of gradient in the linear regression equation of $Y = 16.4 + 1.1X$.

Fig 4 shows that strong correlation between appraisal support ($r=0.53$) and maternal self-efficacy in breastfeeding appears in the data, where the linear regression equation is $Y = 12.4 + 1.3X$.

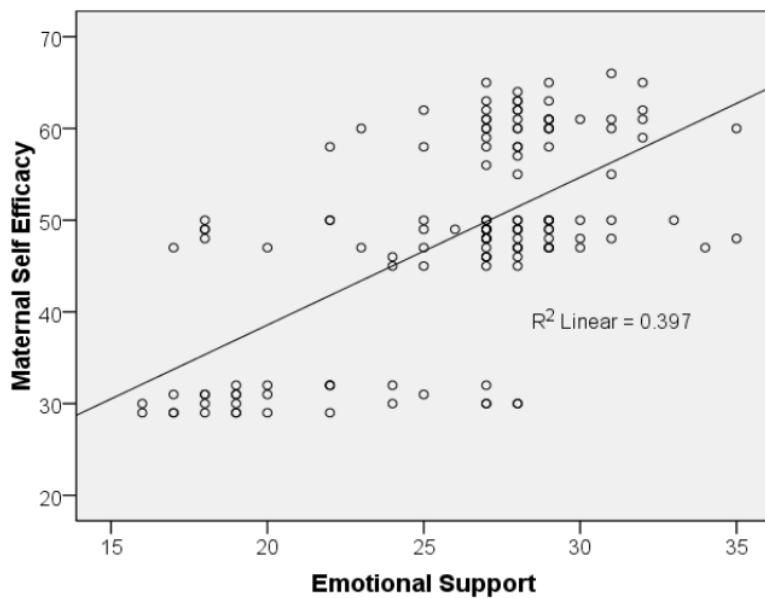


Fig 1: Correlation between emotional supports and maternal self-efficacy

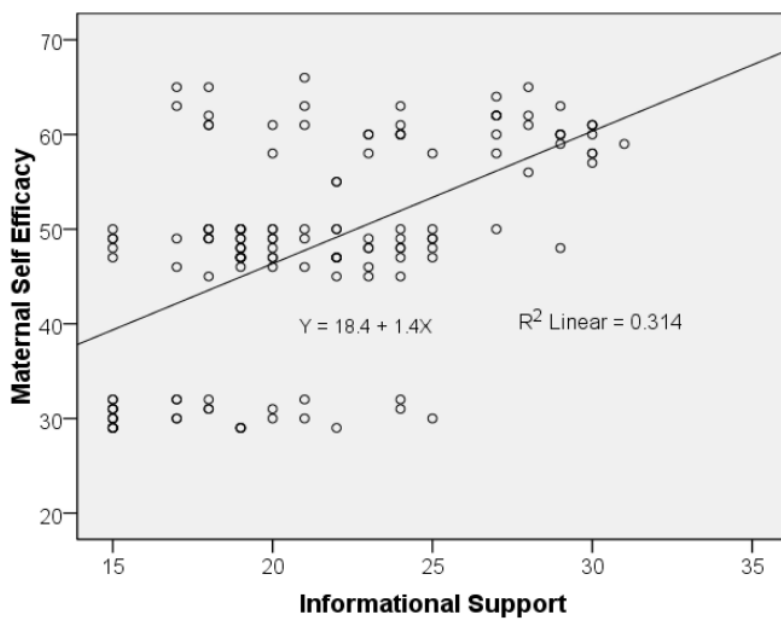


Fig 2: Correlation between informational support and maternal self-efficacy

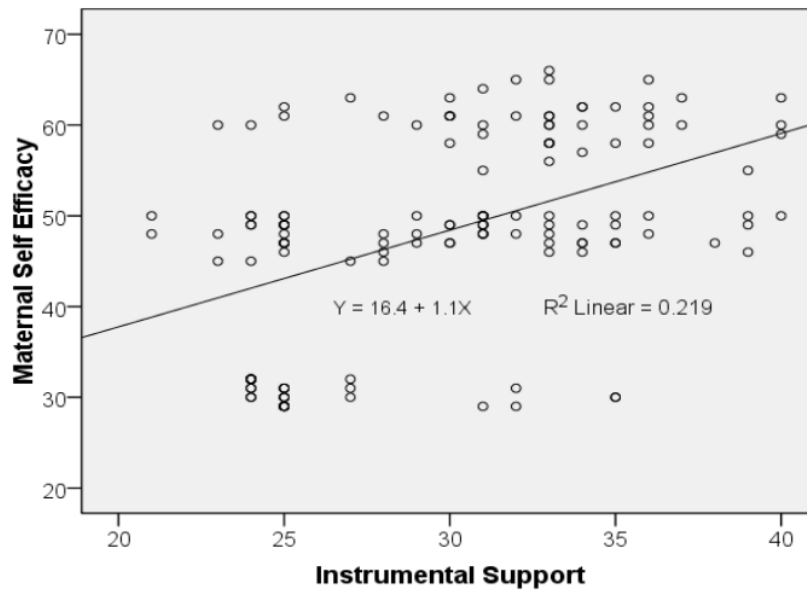


Fig 3: Correlation between instrumental support and maternal self-efficacy

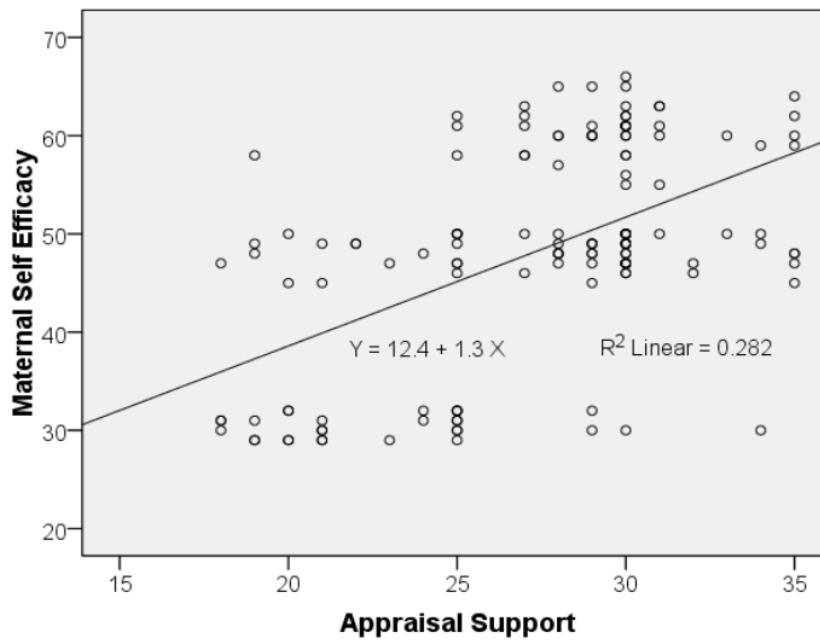


Fig 4: Correlation between appraisal support and maternal self-efficacy

IV. DISCUSSION

This study measures maternal confidence in breastfeeding using the Breastfeeding Self-Efficacy Scale and is associated with husband support. The research showed that the average efficacy of mothers in breastfeeding was 48.35 with a standard deviation of 10.99. Instrumental support is the highest support provided by the husband, 29.93 + 4.83 and the lowest support is informational support, which is 21.43 + 4.40. All husband support research variables have a positive correlation with maternal self-efficacy in breastfeeding, including emotional support ($r = 0.63$), informational ($r = 0.56$), instrumental ($r = 0.47$) and appraisal ($r = 0.53$).

The average value of the Breastfeeding Self-Efficacy Scale score in a study conducted by Dennis (2003) was 55.8 with a standard deviation of 10.8. The same assessment conducted in Spain, Japan, Turkey and Poland are 55, 53.8, 58.6 and 55.5, respectively. These scores are higher compared to the results obtained in this study, which is 48.35, with the standard deviation of 10.99.

²Based on the results in this study, there is a strong positive correlation between emotional support, informational, and appraisal with maternal self-efficacy in breastfeeding, while the instrumental support has a positive correlation with a moderate level of self-efficacy in nursing mothers. This means that the increase of support provided by the husband, the mother's self-efficacy in breastfeeding would be also increase. This means that the hypothesis was accepted, that by the increase of emotional, informational, instrumental and appraisal support would raise up the maternal self-efficacy in breastfeeding.

In general, mothers experience pain after childbirth, this will have an impact on the mother's ability to hold the baby and needs help in the process of breastfeeding (Yilmaz, 2017). The problem of breastfeeding can affect the independence of the mother when there is a feeling of "failure" in the process of breastfeeding, even to the point of deciding to stop breastfeed. At this level, the husband's support plays a very important role in raising up the ability of mothers to breastfeed, being able to face breastfeeding challenges in building their efficacy. A husband's attitude and support in breastfeeding consistently will have a positive or negative effect on maternal care about breastfeeding (Nelson, 2006), initiation of breastfeeding (Shaker, 2004), duration of breastfeeding (Kong, 2004; Scott, 2001; Sullivan, 2004; Swanson, 2005; Maycock, 2013).

In a study conducted by Mannion et al (2000) in Calgary, 55% of women received support from their partners while breastfeeding, 23% stated that their partners believed breastfeeding is very good for babies. Support from spouse has a strong influence on a mother's decision to early initiation and continue the breastfeeding. The supports provided by the husband in form of participating in making decisions related to breastfeeding, convincing the wife about the right information of breastfeeding, being helped and assisted when breastfeeding and trying to overcome the obstacles experienced by the wife when breastfeeding by assisting consultations with medical staff or lactation counselors. The average score of husband support is 2.5 of the highest score of 4.

Maternal self-efficacy is defined as mother's confidence that breastfeeding will be successful (Dennis, 2003), consistently very closely related to the duration and success of breastfeeding (Blyth et al., 2002; Dai & Dennis, 2003; Tatsuoka et. al, 2008; Wutke & Dennis, 2007). Maternal self-efficacy is an important variable because it is easily modified and accepted if there is an intervention (McQueen et. al, 2011). A mother who has low self-efficacy will be strongly associated with perceptions about the inadequacy of breastmilk (Dykes, et. al 2003; Galipeau, 2017).

³ Husband support is an important factor related to the duration of breastfeeding. Ingram et al (2002) found that 79% of women who got emotional support by their husbands were still breastfeeding for up to 6 months, and would have three times greater chance of successfully breastfeeding for up to 6 months compared with women who did not get husband support. The most significant factor for a woman deciding to stop breastfeeding was the perception of her husband's attitude (Arora et al, 2000).

Kodrat (2010) stated that emotional support requires the affection from others. Emotional support is in the form of expressions of empathy, love, trust, caring, listening, appreciating and influencing. Aspects that can be developed in emotional support are encouragement, motivation, partnership, empathy, compassion, and a favorable environment (Lester A, 2014).

Self-efficacy has a potential effect for a husband. The husband feels very happy when involved in breastfeeding discussions. Mothers who are well informed, confident and knowledgeable about breastfeeding, more likely to start and continue breastfeeding (Avery et al. 2009; Brown et al. 2011c; McQueen et al. 2011). Information can be used by someone in tackling the problems faced including providing advice, direction, ideas or other information needed and the information can be then conveyed to others who may face the same problem (Roesli, 2010).

Support in form of information can be obtained if husband has knowledge about breastfeeding, which can be gotten by attending prenatal classes, reading books, information sheets or other media. The husband can share anything he knows, show references/intervene directly to overcome the maternal problems such as massaging and compressing the breast, how to store the breastmilk and participate to the lactation clinic.

Research conducted by Abbas-Dick et al (2015) about the effect of co-parenting interventions on the duration of breastfeeding results in the husband's involvement in co-parenting interventions would increase maternal efficacy about the successful of breastfeeding, prolong the duration of breastfeeding. This shows the importance of involving both parents as a partner in achieving breastfeeding success goals and facing all challenges in breastfeeding. For both groups, the level of parental trust (paternal breastfeeding self-efficacy) increased up to 6 weeks postpartum, where a higher increase occurred in the co-parenting intervention group.

⁴ The Quality professional support and guidance are important element of breastfeeding success (Brown et al. 2011c; Hauck et al. 2011; Schmied et al. 2011), but the role of the husband is also much more important. Mothers with husbands who support and encourage are more likely to have good plan to breastfeed (Persad&Mensing 2008), breastfeeding when discharged from the hospital (Scott et al. 2001) and breastfeed for a longer period of time (Brown & Lee 2011). In particular, a higher level of support and encouragement from fathers is associated with greater maternal efficacy in breastfeeding (Hauck et al. 2007) and mothers who have a supportive husband will feel more capable and competent in making decisions and facing challenges of breastfeeding (Mannion et al. 2013).

According to Presetyawati (2011), instrumental assistance aims to facilitate someone in carrying out their activities related to solving problems, helping to face the difficulties. Instrumental support refers to the availability and / or utilization of practical assistance (van den Akker-Scheek et al., 2004) including assistance to take care of the household, care for the baby and mother (Lester A, 2014). Other forms of instrumental supports are related to breastfeeding, such as fathers helping to breastfeed a baby, or putting a mother in a comfortable position.

³ During the prenatal period, the majority of mothers expressed the praise for their husbands' preparation for breastfeeding as a form of positive support while breastfeeding. At post-birth, about half of the mothers were told that they did a good job as a form of positive support received from their husbands for breastfeeding (Lester, 2104).

According to Sarafino (2012) the appraisal ³support is a form of appreciation given by someone to another part based on actual conditions. Appraisal support refers to feedback that allows an individual to evaluate themselves and their actions (Lester, 2014). Some forms of appraisal support provided by the husband during breastfeeding are reaffirmation, praise of the breastfeeding process, healthy baby expressions and a sense of trust.

V. CONCLUSION

From this study, it can be concluded ²that there are a strong positive correlation between emotional support, informational assessment and moderate instrumental support with maternal self-efficacy.

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